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ATTACHMENT 4.19-B

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE MISSISSIPPI

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Item 1. Payment of Title XVIII Part A and Part B Deductible/ Coinsurance

The Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare-QMB Individual
Part A Deductible	<u>X</u> limited to State plan rates *	<u>X</u> limited to State plan rates	<u>X</u> limited to State plan rates
	<u> </u> full amount	<u> </u> full amount	<u> </u> full amount
Part A Coinsurance	<u>X</u> limited to State plan rates *	<u>X</u> limited to State plan rates	<u>X</u> limited to State plan rates
	<u> </u> full amount	<u> </u> full amount	<u> </u> full amount
Part B Deductible	<u>X</u> limited to State plan rates*	<u>X</u> limited to State plan rates	<u>X</u> limited to State plan rates
	<u> </u> full amount	<u> </u> full amount	<u> </u> full amount
Part B Coinsurance	<u>X</u> limited to State Plan rates *	<u>X</u> limited to State plan rates	<u>X</u> limited to State plan rates
	<u> </u> full amount	<u> </u> full amount	<u> </u> full amount

*The Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan.

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